

## Adverse Event Reporting, CTMS, and CDUS Survey Results

		N	%	N	%
<b>Total Number of Responding Institutions</b>		<b>18</b>			
<b>Number of Centers with Legacy System(s)</b>		<b>16</b>	<b>89%</b>		
<b>Total Number of Legacy Systems</b>				<b>18</b>	
<b>Type of AE Data Collection (Current System) (N=18)</b>					
AE Grade				16	89%
AE Expectedness				10	56%
AE Attribution				16	89%
AE relatedness to the Protocol				11	61%
CTCAE Toxicity				11	61%
Protocol Status				15	83%
Study Phase				16	89%
Risk-Benefit relationship of the research				6	33%
Other				4	22%
None/No response				1	6%
<b>Current System Functionality (N=18)</b>					
Automated AE Grading				4	22%
AE Data Collection				9	50%
AE Reporting				6	33%
Messaging of SAEs				2	11%
Routing AEs				2	11%
Integrated AE Repository				9	50%
Vocabulary Management				4	22%
Participant Self-Reporting				2	11%
Public Access to AE Information				1	6%
Other				2	11%
None/No response				4	22%
<b>Desired System Functionality (N=18)</b>					
Automated AE Grading		6	33%		
AE Data Collection		3	17%		
AE Reporting		5	28%		
Messaging of SAEs		5	28%		
Routing AEs		5	28%		
Integrated AE Repository		2	11%		
Vocabulary Management		4	22%		
Participant Self-Reporting		4	22%		
Public Access to AE Information		3	17%		
Other		0	0%		
None/No response		12	67%		
<b>Summarization of Comments</b>					
Need harmonization of AE terms					
<b>Interaction with the caBIG AE system (N=18)</b>					
Full Implementation	<b>A</b>	4	22%		
Interface with Legacy AE systems	<b>B</b>	8	44%		
Other	<b>C</b>	3	17%		
	<b>A &amp; B</b>	2	11%		
	<b>B &amp; C</b>	1	6%		
<b>Summarization of Comments</b>					
Streamlined and secure reporting of AEs to External Agencies (e.g., NCI, CTEP, FDA)					

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Interface as much as possible the legacy AE systems with caBIG AE system					
Interaction with the caBIG AE system is dependent on the product that is developed					
<b>Legacy AE Reporting systems/databases (N=18)</b>					
<b>One (1) Legacy System</b>		<b>14</b>	<b>78%</b>		
Vendor System		7			
Homegrown System		6			
No Response		1			
<b>More than One (1) Legacy System</b>		<b>2</b>	<b>11%</b>		
Vendor System		1			
Homegrown System		3			
<b>No Legacy AE System</b>		<b>2</b>	<b>11%</b>		
<b>Homegrown Legacy AE System - Open Source (N=9)</b>					
Yes		0	<b>0%</b>		
No		2	<b>22%</b>		
No Response		7	<b>78%</b>		
<b>Homegrown Legacy AE System - Could your system be contributed to the caBIG effort? (N=9)</b>					
Yes		2	<b>22%</b>		
No		0	<b>0%</b>		
No Response		7	<b>78%</b>		
<b>Comments</b>					
The vendor of the Oncore system and the institutions with the Oncore system are interested and willing to work with caBIG					
<b>Operating System (N=18)</b>					
DOS				1	<b>6%</b>
Red Hat Linux				1	<b>6%</b>
Solaris				1	<b>6%</b>
Unix and Windows				2	<b>11%</b>
Web-based				1	<b>6%</b>
Windows				6	<b>33%</b>
No response				6	<b>33%</b>
<b>Database (N=16)</b>					
Oracle	<b>A</b>			6	<b>33%</b>
Advanced Revelation	<b>B</b>			1	<b>6%</b>
MS Access	<b>C</b>			1	<b>6%</b>
MS SQL	<b>D</b>			2	<b>11%</b>
	<b>A &amp; C</b>			1	<b>6%</b>
	<b>A &amp; D</b>			1	<b>6%</b>
No response				6	<b>33%</b>
<b>Program Language (N=16)</b>					
ASP.net	<b>A</b>			1	<b>6%</b>
Cold Fusion	<b>B</b>			1	<b>6%</b>
FoxPro 8	<b>C</b>			0	<b>0%</b>
Java	<b>D</b>			5	<b>28%</b>
MS Access	<b>E</b>			1	<b>6%</b>

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Oracle Forms and Reports	<b>E</b>			2	<b>11%</b>
Rbasic	<b>G</b>			1	<b>6%</b>
Visual Basic	<b>I</b>			0	<b>0%</b>
	<b>B &amp; C</b>			1	<b>6%</b>
	<b>D &amp; I</b>			1	<b>6%</b>
No response				5	<b>28%</b>
<b>Type of CTMS and CDUS Data Capture and Reporting Capabilities (N=18)</b>					
<b>CTMS</b>					
DO NOT have any trials that require CTMS reporting	<b>A</b>	4	<b>22%</b>		
Data entry into ACES locally and then electronic data transfer to the CTMS database	<b>B</b>	4	<b>22%</b>		
Application to Application data transfer (Legacy Clinical Trials system to CTMS database)	<b>C</b>	0	<b>0%</b>		
Requires double data entry to complete submission	<b>D</b>	0	<b>0%</b>		
Other - Paper, fax	<b>E</b>	2	<b>11%</b>		
	<b>B, C, &amp; D</b>	1	<b>6%</b>		
	<b>B &amp; D</b>	2	<b>11%</b>		
	<b>B, C, &amp; E</b>	1	<b>6%</b>		
No Response		4	<b>22%</b>		
<b>CDUS</b>					
DO NOT have any trials that require CDUS reporting	<b>A</b>	2	<b>11%</b>		
Data entry into CDUS via web-based data entry application	<b>B</b>	6	<b>33%</b>		
Data entry into CDUS via CTEP-FTP site	<b>C</b>	0	<b>0%</b>		
Application to Application data transfer (Legacy Clinical Trials system to CDUS via the CTEP-FTP site)	<b>D</b>	1	<b>6%</b>		
Application to Application data transfer (Legacy clinical trials system to CDUS)	<b>E</b>	0	<b>0%</b>		
Create a file from the legacy clinical trials system and send to CDUS via FTP	<b>F</b>	1	<b>6%</b>		
Requires double data entry to complete submission	<b>G</b>	0	<b>0%</b>		
Other - Paper, fax	<b>H</b>	0	<b>0%</b>		
	<b>B &amp; C</b>	2	<b>11%</b>		
	<b>B, D, E, &amp; H</b>	1	<b>6%</b>		
	<b>B &amp; G</b>	1	<b>6%</b>		
	<b>E &amp; F</b>	1	<b>6%</b>		
No Response		3	<b>17%</b>		
<b>Summarization of Comments</b>					
Use of multiple methods to transfer the AE reports					
Tedious, labor intensive process with some double data entry.					

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Want a secure automated data transfer					
<b>Issues/Barriers with CTMS and/or CDUS report systems - Summarization of Comments (Refer to the comments section for all the comments)</b>					
Unsecure electronic data transfer					
Several iterations of data validation after submission and resubmissions before submission is accepted					
Unclear CDUS expectations of reporting the data					
Nonstandard coding of data and abbreviations					
Naming of entities is inconsistent - I.e., same drugs will be abbreviated differently in different studies and					
Fixed file lengths of submission fields - many of the file lengths are too short					
Theradex - Vague data export specifications and vague or no table specifications					
CTMS system automatically defaults to the description rather than the CTC/CTCAE term - this generates potentially unnecessary clarification of data already entered					
Clarifications of data are not always sent in a timely manner. Extra time is then spent on clarifying previous submitted data making it difficult to stay current with present data submissions.					
<b>Note: There are still institutions that have not responded to the survey.</b>					
<b>Note: Of the 18 Institutions that have responded so far, there are several that have not yet completed the abbreviated v 3.0 survey.</b>					
<b>Note: There are some previous surveys that are missing data and require follow up.</b>					